

Case Number:	CM14-0025180		
Date Assigned:	06/13/2014	Date of Injury:	12/11/2013
Decision Date:	07/15/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	02/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60 year old female whose date of injury is 12/11/2013 due to increased repetitive work. She complains of right wrist pain with associated decreased sensation. On examination she has positive Tinel's and positive Phalen's. X-rays of the right wrist on 02/14/14 revealed no acute fractures or dislocations. Nerve conduction studies on 04/16/14 reported findings indicative of a very mild right carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EMG OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Electromyography (EMG).

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), Chapter 11 provides that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful.

Official Disability Guidelines (ODG) notes that EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies. In this case, the diagnosis has been made with NCS, and there is no medical necessity for EMG.

PHYSICAL THERAPY X 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Physical medicine treatment.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines would support 1-3 visits of physical therapy for carpal tunnel syndrome, with emphasis on home exercise program. In this case, a trial of 1-3 visits was certified as medically necessary. The 1-3 visits were appropriate. The request for 8 visits of physical therapy is excessive and not supported as medically necessary.